

HB 262 -- THE TREATMENT OF EATING DISORDERS

SPONSOR: Frederick

This bill requires all health benefit plans that are delivered, issued for delivery, continued or renewed, if written inside the state of Missouri, or written outside the state of Missouri but covering Missouri residents, to provide coverage for the diagnosis and treatment of eating disorders as required in Section 376.1550, RSMo.

Required coverage is limited to medically necessary treatment that is ordered by a licensed treating physician, psychologist, psychiatrist, or therapist in accordance with authority granted under the licensed physician's, psychologist's, psychiatrist's, or therapist's license and in accordance with a treatment plan. The treatment plan, upon request by the health benefit plan or health carrier, must include all elements necessary for the health benefit plan or health carrier to pay claims and necessary elements must include a diagnosis, proposed treatment by type, frequency and duration of treatment, and goals. If the individual is receiving treatment for an eating disorder, a health carrier must have the right to review the treatment plan not more than once every six months unless the health carrier and the individual's treating physician, psychologist, psychiatrist, or therapist agree that a more frequent review is necessary. Any agreement regarding the right to review a treatment plan more frequently must only apply to a particular individual being treated for an eating disorder and cannot apply to all individuals being treated for eating disorders by a provider. The cost of obtaining any review or treatment plan must be borne by the health benefit plan or health carrier, as applicable. Required coverage must not be subject to any limits on the number of days of medically necessary treatment, except as provided in the treatment plan.

The bill specifies that medical necessity determinations for treatment of eating disorders must not be based solely upon a patient's weight or weight level and medical necessity determinations must consider the overall medical and psychological needs of the individual with an eating disorder. Coverage is required to include integrated modalities of the various types of treatments of eating disorders when treatment is deemed medically or psychiatrically necessary by the patient's licensed physician, psychologist, psychiatrist, or therapist in accordance with the Practice Guidelines for the Treatment of Patients with Eating Disorders adopted by the American Psychiatric Association.

By June 1, 2017, and every June 1 thereafter until 2022, the Department of Insurance, Financial Institutions and Professional

Registration is required to submit a report to the General Assembly regarding the implementation of the coverage required under these provisions. The report must include:

- (1) The total number of insureds diagnosed with an eating disorder;
- (2) The total cost of all claims paid out in the immediately preceding calendar year for coverage required by the provisions of the bill;
- (3) The cost of the required coverage per insured per month; and
- (4) The average cost per insured for coverage of eating disorders.

The bill requires all health carriers and health benefit plans subject to these provisions to provide the department with the data requested by the department for inclusion in the annual report.